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(Requ	uestor's Name)	
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(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Doci	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	
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}		

Office Use Only



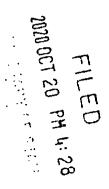
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Florida G SUBJECT:	irl Eco-Adventures LLC		
Sonarci.	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Sheri L Gillham-Leibman		
		Name of Person	
	Florida Girl Eco-Adventur	res LLC	
		Firm/Company	
	357 Wyler Street		
		Address	
	Port Charlotte, FL 33954		
		City/State and Zip Code	
	sheri.leibman@gmail.com		
	E-mail address: (to be used for future annual re	port notification)
For further information	concerning this matter, please c	all:	
Sheri L Gillham-Leibm	an	76 3 941 9553 at ()	
Name	of Person	Area Code	Daytime Telephone Number
Enclosed is a check for	the following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &
Mailing Addr Registration Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Division The Cent	Iress: ion Section of Corporations tre of Tallahassee Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section Division of Corporations

ARTICLES OF ORGANIZATION OF

FLORIDA GIRL ECO-ADVENTURES (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 09/29/2020 and assigned Florida document number L20000306758 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new regis agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person bein or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Act
AMBR	Sheri L Gillham-Leibman	357 Wyler Street	■Add
		Port Charlotte, Fl 33954	
			Change
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ffective date, if other than an effective date is listed, the date lote: If the date inserted in this ocument's effective date on the	must be specific and s block does not t	d cannot be prio meet the applic	cable statutory fi	r more than 90 day	(optional) rs after filing.) Pu ts, this date will	rsuant to 605.02 I not be listed
	ctive date, but not	t an effective t	ime, at 12:01 a.r	m. on the earlier	of: (b) The 90	oth day after th
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t is filed.		2020				
record specifies a delayed effect is filed.	L L	llm	orized representat			

Filing Fee: \$25.00